There are several large ongoing phase III trials being conducted at the Medical Research Council Clinical Trials Unit at UCL which are currently recruiting men with prostate cancer.

**Clear results will only emerge from these trials if there are sufficient numbers of men taking part.**

The figure below summarises the patients eligible for each trial in terms of clinical pathways. Further details of each trial are given overleaf.

---

### Men diagnosed with prostate cancer

<table>
<thead>
<tr>
<th>Questions being asked</th>
<th>Broad eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RADICALS-RT</strong></td>
<td>One of:</td>
</tr>
<tr>
<td>What is the optimum timing for post-prostatectomy RT?</td>
<td>• T 3/4</td>
</tr>
<tr>
<td></td>
<td>• Pre-op PSA ≥10</td>
</tr>
<tr>
<td></td>
<td>• Gleason ≥ 7</td>
</tr>
<tr>
<td></td>
<td>• +ve surgical margins</td>
</tr>
</tbody>
</table>

*Co-enrolment possible, see below

---

### Localised disease

#### radical prostatectomy

*Co-enrolment possible, see below

---

### Localised disease

#### radical prostatectomy or radical RT

intermediate or high risk of recurrence

---

### Locally advanced or metastatic disease

#### long-term hormone treatment planned

---

### Locally advanced or metastatic disease

#### long-term LHRH therapy planned or commenced

---

### Questions being asked

#### PATCH

Are oestrogen patches as effective as LHRHa, with less side-effects?

T 3/4 & one of:
• Pre-HT PSA ≥20
• Gleason ≥ 6
OR N+/M+
OR Relapsing
Max. 8 weeks AA
± RT (if NOM0)
± docetaxel

#### STAMPEDE

Can adding treatments to the current standard-of-care improve survival?

Two of:
• T ≥ 3
• Pre-HT PSA ≥40
• Gleason ≥ 8
Or N+/M+
Or Relapsing
Max. 14 wk AA
Max. 12 wk LHRH
± RT (if NOM0)
± docetaxel

---

### Broad eligibility

#### One of:

- Pre-op PSA ≥10
- Gleason ≥ 7
- +ve surgical margins

#### One of:

- T ≥ 2b
- Pre-op PSA ≥ 10
- Gleason ≥ 7
And:
N0, ± HT ≤ 3yrs

---

*Co-enrolment*

- In patients eligible for both trials we suggest that RADICALS-RT is discussed first and then co-enrolment with ADD-ASPIRIN considered.
- All N0 patients in RADICALS-RT are potentially eligible for co-enrolment in ADD-ASPIRIN at the point that they have radiotherapy – either immediate or deferred.

---

AA – Anti-androgen
LHRH – Luteinising Hormone Releasing Hormone (agonist/antagonist)
LHRHa – agonist only
RT - radiotherapy
Prostate cancer trials at MRC CTU at UCL
currently recruiting patients

RADICALS

What is the trial looking at?
RADICALS is looking at 2 questions for men who have had surgery for prostate cancer (radical prostatectomy). Firstly, whether it’s best to give radiotherapy straight after surgery, or wait until there are signs that the cancer may be growing again (Radiotherapy Timing comparison, RADICALS-RT). Secondly, whether radiotherapy after surgery should be given together with hormone therapy and if so, for how long (Hormone Duration comparison, RADICALS-HD).

Who is eligible?
Men who have undergone a radical prostatectomy for non-metastatic prostate cancer and who are at increased risk of recurrence are eligible for RADICALS-RT.

Target sample size
RADICALS-HD completed recruitment in June 2015 (n=3000). Recruitment into RADICALS-RT is ongoing, target n~1250 (1184 already recruited as of mid-Jan 2016).

The trial is taking place in the UK, Canada, Denmark and Republic of Ireland.

RADICALS trial team: mrcctu.radicals@ucl.ac.uk

RADICALS is funded by Cancer Research UK (C7829/A6381) and the MRC Clinical Trials Unit at UCL.

ADD-ASPIRIN

What is the trial looking at?
Add-Aspirin aims to find out whether taking aspirin regularly after treatment for an early stage prostate cancer can stop the cancer from coming back and prevent deaths. Parallel trials are investigating the same question in people who have had treatment for breast, bowel or stomach/oesophageal cancer.

The trial will also test the effect of different doses of aspirin (aspirin 100mg, 300mg or placebo) and other potential health benefits.

Who is eligible?
Men who have undergone a radical prostatectomy or radical radiotherapy and who are at intermediate or high risk of recurrence are eligible. Men who have undergone salvage radiotherapy (following an earlier prostatectomy) are also eligible.

Target sample size
Recruitment to the prostate cohort opened in October 2015 with a target sample size of 2120 men.

Add-Aspirin trial team: mrcctu.add-aspirin@ucl.ac.uk

ADD-ASPIRIN is jointly funded by Cancer Research UK (C471/A15015), the National Institute for Health Research Health Technology Assessment Programme (12/01/38) and the MRC Clinical Trials Unit at UCL.

PATCH

What is the trial looking at?
Standard hormone treatment with LHRH agonists can cause serious long-term toxicities, particularly osteoporosis, increased risk of fracture, and adverse metabolic effects. PATCH is assessing whether oestrogen patches are as effective as LHRH therapy for treating men with advanced prostate cancer, while having less side-effects and improving quality of life.

Who is eligible?
Men with advanced prostate cancer who are about to commence long-term (>3 years) continuous hormonal therapy, as long as they do not have a history of major cardiovascular disease.

Key updates so far
The first stage of the study showed the castration rate and early cardiovascular risk were similar between men on patches versus those on LHRH. Sub-studies within the trial have found treatment with the patches firstly, avoided the loss in bone mineral density seen with LHRHa, and secondly, resulted in improvements in a number of early quality of life outcomes.

Target sample size
2200 men; 979 recruited (Jan 2016), 49 UK sites

PATCH trial team: mrcctu.patch@ucl.ac.uk

PATCH is funded by Cancer Research UK (C717093/A12443) and the MRC Clinical Trials Unit at UCL.

STAMPEDE

What is the trial looking at?
STAMPEDE is a multi-centre, randomised controlled trial for patients with locally advanced or metastatic prostate cancer who are commencing long-term ADT. Currently, men are randomised between standard-of-care (SOC), SOC+RT to the prostate (M1 only) and SOC+enzalutamide+abiraterone. A new research arm, SOC+metformin, will be opened in mid-2016.

Who is eligible?
Men can have either newly diagnosed disease, or have been previously treated with radical radiotherapy or surgery but now have signs of progression such as a rising prostate specific antigen (PSA).

Key updates so far
Survival data for the original comparison SOC+docetaxel matured in 2015 and showed a benefit in Failure Free Survival and Overall Survival of first line chemotherapy which has now been incorporated into standard of care for the trial.

Target sample size
There is no single target sample size. To date STAMPEDE has successfully recruited over 7,000 men over the course of ten years across 133 UK and Swiss centres.

STAMPEDE trial team: mrcctu.stampede@ucl.ac.uk

STAMPEDE is funded by Cancer Research UK (A3804), Sanofi, Novartis, Pfizer, Janssen, Astellas and the MRC Clinical Trials Unit at UCL.